1	Linective October 1, 2003										10-081555								
15.					(Column 1) (Column 2)							SMAI	L ENTITY			OF	OTHER THE SMALL ENT		
	TOTAL CLA	IMS		•						٦				FE	_	or I			FE
FOR			NUMBER FILED .			NUMBER EXTRA				BASIC FEE		 		OB		RATE ASIC FEE			
TOTAL CHARGEABLE CLAIMS				minus 20=			•				XS	9=				V540	\dashv	770.0	
_	NDEPENDEN						ninus 3 =	•		7		X43			\dashv	OR	-		
٨	AULTIPLE DE	PEN	DENT CLAIR	A PE	RESENT					1	ł	+145	\dashv		\neg	OR		+	
•	If the differen	nce	in column 1	is I	less that	7 20	ero, enter	"0" in	column 2		Ĺ	TOTA	_			OA) OR	+290=	4	
/	1-4-05	CI	AIMS AS		MEND	EC											OTHE	RI	THAN
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_	00		(Column 1)		_	•	(Column	2) ·	(Column 3)		AUI	DIT. FE	E L		٦٠,	' AI	DDIT, FEE	_	
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	6-3-05	(Column 1)				(Column 2) ((Column 3)	·				•		~_	DINTEEL	7	
	.	1	CLAIMS EMAINING AFTER IENDMENT				HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	-	R/	ATE	TIO	DI- NAL		F	RATE	TIC	DDI- DNAL
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h	e entry in colum	n 1 b	s less than the	entr	y in colum	: in 2	2, write "0" in	colun	ນາ 3 , ·	L	+14	5= JTAL	·		OR		290=		_
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